



MILWAUKEE COUNTY BOARD OF SUPERVISORS INTERNSHIP PROGRAM APPLICATION

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

PERSONAL INFORMATION

NAME _____
(LAST) (M) (FIRST)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

CELL PHONE _____

UNIVERSITY EMAIL _____

DATE OF BIRTH _____

FOREIGN LANGUAGE PROFICIENCY (IF ANY) _____

SESSION INFORMATION

1. INTERNSHIP SESSION FOR (PLEASE CHECK APPLICABLE)

SPRING (JAN-MAY 2017) _____

SUMMER (JUNE-AUG 2017) _____

FALL (SEPT-DEC 2017) _____

2. AREA OF INTEREST (PLEASE CHECK APPLICABLE)

A. JUDICIAL, PUBLIC SAFETY, COURTS AND CORRECTIONS _____

B. HEALTH AND HUMAN NEEDS _____

C. ECONOMIC DEVELOPMENT _____

D. FINANCE AND BUDGET _____

E. PARKS AND RECREATION _____

F. STATE AND FEDERAL RELATIONS _____

G. TRANSPORTATION _____

H. PERSONNEL _____

3. AVAILABILITY PER WEEK (CROSS OUT THE TIMES YOU CAN WORK)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 A.M.					
9:00 A.M.					
10:00 A.M.					
11:00 A.M.					
12:00 P.M.					
1:00 P.M.					
2:00 P.M.					
3:00 P.M.					
4:00 P.M.					
5:00 P.M.					

PLEASE NOTE THAT THE MINIMUM HOURS WORKED MUST TOTAL 10 HOURS PER WEEK

ACADEMIC INFORMATION

UNIVERSITY NAME _____

ACADEMIC STATUS DURING PROGRAM (PLEASE CHECK APPLICABLE)

FR____ SOPH____ JR____ SR____

EXPECTED DATE OF GRADUATION _____

WILL YOU RECEIVE ACADEMIC CREDIT FOR THIS INTERNSHIP? _____

MAJOR AND MINOR _____ (MAJOR) _____ (MINOR)

APPLICATION DEADLINE: **FEBRUARY 24, 2017** FOR THE SUMMER 2017 TERM

ADDITIONAL ITEMS REQUIRED FOR SUBMISSION

1. RESUME

- EDUCATIONAL BACKGROUND AND GPA
- RELEVANT WORK EXPERIENCE AND EXTRACURRICULAR ACTIVITIES
- ADDITIONAL SKILLS, HONORS, OR AWARDS.

2. INCLUDE A ONE PAGE, TYPED STATEMENT REGARDING YOUR INTERESTS IN AN INTERNSHIP FOR THE LEGISLATIVE BRANCH OF MILWAUKEE COUNTY WITH THE BOARD OF SUPERVISORS AND WHAT YOU WOULD LIKE TO LEARN FROM THIS EXPERIENCE.

PLEASE SUBMIT YOUR COMPLETED APPLICATION VIA **EMAIL** TO INTERN COORDINATOR KIMBERLY HADINATA AT KIMBERLY.HADINATA@MILWAUKEECOUNTYWI.GOV